

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO. <b>1073155a</b>	FILING DATE	
							APPLICANT(S)		
CLAIMS									
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT				
	IND	DEP	IND	DEP	IND	DEP		IND	DEP
1	1						51		
2		1					52		
3		1					53		
4		2					54		
5		2					55		
6		1					56		
7		1					57		
8		1					58		
9		1					59		
10		1					60		
11		1					61		
12		1					62		
13		1					63		
14		1					64		
15	1						65		
16	1						66		
17	1						67	1	
18	1						68		
19		2					69		
20		3					70		
21		3					71		
22		3					72		
23		3					73		
24		3					74		
25		3					75		
26		3					76		
27		3					77		
28							78		
29							79		
30							80		
31							81		
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36							86		
37							87		
38							88		
39							89		
40							90		
41							91		
42							92		
43							93		
44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
TOTAL IND.	5						TOTAL IND.		
TOTAL DEP.	41						TOTAL DEP.		
TOTAL CLAIMS	46						TOTAL CLAIMS		